

## 2021 National Exam Schedule

### Delaware

Dover-Harrington		Newark	
Cutoff	Exam	Cutoff	Exam
1-Mar	20-Mar	22-Feb	13-Mar
31-May	19-Jun	5-Jul	24-Jul
30-Aug	18-Sep	4-Oct	23-Oct
29-Nov	18-Dec		

### Indiana

Columbus		Ft. Wayne		Indianapolis	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
31-May	19-Jun	7-Jun	26-Jun	10-May	29-May
19-Jul	7-Aug	26-Jul	14-Aug	1-Aug	21-Aug
				16-Oct	6-Nov

### Kansas

Manhattan		Wichita	
Cutoff	Exam	Cutoff	Exam
31-May	19-Jun	10-May	29-May
30-Aug	18-Sep	19-Jul	7-Aug
		16-Oct	6-Nov

### Missouri

Cape Girardeau		Columbia		Kansas City		Springfield		St. Louis	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
19-Jul	7-Aug	31-May	19-Jun	26-Jul	14-Aug	10-May	29-May	1-Aug	21-Aug
		30-Aug	18-Sep	16-Oct	6-Nov	19-Jul	7-Aug	16-Oct	6-Nov
						16-Oct	6-Nov		

**Nebraska**

<b>Omaha</b>	
Cutoff	Exam
10-May	29-May
19-Jul	7-Aug
16-Oct	6-Nov

**New York**

<b>White Plains</b>	
Cutoff	Exam
10-May	29-May
19-Jul	7-Aug
16-Oct	6-Nov

**Tennessee**

<b>Memphis</b>		<b>Nashville</b>	
Cutoff	Exam	Cutoff	Exam
19-Jul	7-Aug	10-May	29-May
		26-Jul	14-Aug
		16-Oct	6-Nov

## Exam Registration Form National Construction Catalog Exams

**Note:** Some local licensing departments require a new registration eligibility form every time you test; this includes retaking a failed exam. Please check with your licensing department.

**Once completed, submit this form and exam fees: 1) Online** at [www.prometric.com/Construction](http://www.prometric.com/Construction)  
**2) By Mail:** Prometric, Attn: National Construction Program, 7941 Corporate Dr., Nottingham, MD 21236; or  
**3) By Fax (if paying by credit card):** 800.813.6670.

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

### Candidate Information

Social Security Number _____-_____-_____	Last Name	Middle Initial	First Name
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	ZIP Code	
Date of Birth	Daytime Phone Number (including area code) (     )		
E-mail address (Required)	Evening Phone Number (including area code)		

### Sponsor Information (To be completed by Sponsoring Entity only.)

Catalog Exam Code:	Exam Number:	Full Exam Name:
Catalog Exam Code:	Exam Number:	Full Exam Name:
<b>Sponsor Code</b>	<b>Sponsoring Entity</b>	
<b>Signature and Title of Authorizing Sponsor Representative</b>		<b>Date Authorized</b>
Printed Name		

### Exam Selection and Fees

Catalog Exam Code	Exam Fee	Total
_____	\$100	\$
_____	\$100	\$
<b>New York State-Specific Exams</b>	<b>Exam Fee</b>	<b>Total</b>
Journeyman Plumbing	\$130	\$
Master Plumbing with Gas	\$130	\$

### Exam Date and Location Selection

Catalog Exam Code	Exam Date & Location – 1st Choice	Exam Date & Location – 2nd Choice

**Payment:** Fee may be paid by cashier's check, money order, MasterCard or Visa, payable to Prometric. Please include your full name on the check. **Personal checks and cash are not accepted. Fees are nonrefundable.** To pay by credit card, complete the [Credit Card Payment Form](#) on the following page.

By signing and submitting this form, I certify that I am the candidate named above, the information entered is correct, and I agree to comply with all examination rules and regulations.

Signature: _____	Date: _____
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## Credit Card Payment Form

Card Type (Check One)

MasterCard     Visa

Card Number	Expiration Date
Amount \$ _____ . _____	
Name of Cardholder (Print)	
Signature of Cardholder	

*Print or type clearly and neatly. Incomplete or illegible forms will not be processed.*